







National Bridging Workshop on the International Health Regulations (IHR) and the Performance of Veterinary Services (PVS) Pathway

23-25 August 2022 Manila, Philippines



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ABBREVIATIONS & ACRONYMS

Al Avian Influenza

AMR Anti-microbial Resistance

BAI Bureau of Animal Industry (Department of Agriculture)

BMB Biodiversity Management Bureau (Department of Environment and Natural Resources)

DA Department of Agriculture

DG Directorate General
DOH Department of Health

FAO Food and Agriculture Organization of the United Nations

FP Focal Point HQ Headquarters

IHR International Health Regulations (2005)

JEE Joint External Evaluation

MEF Monitoring and Evaluation Framework

MoU Memorandum of Understanding

PH Public Health

PHEIC Public Health Event of International Concern
PhilCZ Philippine Inter-Agency Committee on Zoonosis

PVS Performance of Veterinary Services SOP Standard Operating Procedures

TOR Terms of Reference

WHO World Health Organization

WOAH World Organisation for Animal Health

INTRODUCTION

BACKGROUND

- The World Health Organization (WHO), the World Organisation for Animal Health (WOAH) and the Food and Agriculture Organization (FAO) are the main international organizations responsible for proposing references and guidance for the public health and animal health sectors respectively. This Tripartite has been active promoters and implementers of an intersectoral collaborative approach between institutions and systems to prevent, detect, and control diseases among animals and humans.
- WHO Member States adopted a legally binding instrument, the International Health Regulations (IHR, 2005), for the prevention and control of events that may constitute a public health emergency of international concern. Various assessment and monitoring tools have been developed by WHO such as the IHR Monitoring and Evaluation Framework (MEF), which includes inter alia the State Party Self-Evaluation and Annual Reporting (SPAR) and the Joint External Evaluation (JEE) Tool.
- WOAH is the international organisation responsible for developing standards, guidelines and recommendations for animal health and zoonoses; these are laid down in the OIE Terrestrial and Aquatic Animals Codes and Manuals. WOAH has also developed the Performance of Veterinary Services (PVS) Pathway, which is composed of a range of tools to assist countries in the evaluation of the capacities of their veterinary services and in addressing the main weaknesses.
- The FAO promotes One Health through works on food security, sustainable agriculture, food safety, antimicrobial resistance (AMR), nutrition, animal and plant health, fisheries, and livelihoods. The application of a One Health approach is critical for achieving the UN 2030 Agenda for Sustainable Development and the related Sustainable Development Goals (SDGs).
- The WHO IHR-MEF and the WOAH PVS Pathway approaches provide the ability for countries to determine strengths and weaknesses in their respective functions and promote prioritization and pathways for improvement. Furthermore, they engage countries in a routine monitoring of their overall level of performance and help to determine their needs for compliance with internationally adopted standards.
- The joint use of WHO IHR-MEF tools and PVS Pathway can result in better alignment of capacity building approach and strategies between human and animal health services of a country. The IHR-PVS National Bridging Workshop (NBW) is a three-day workshop which brings together stakeholders from both sectors to work on the linkages between these frameworks and develop joint planning to improve their collaboration.
- The workshop follows a methodology developed by WHO and WOAH and tested in more than thirty countries. The method used is very dynamic and interactive, based on group exercises with a gamified approach and user-friendly materials which enables the identification of synergies, the review of gaps and the development of a joint roadmap between the two sectors.

In The Philippines,

- a PVS Follow-up Evaluation mission was conducted in 2016
- a Joint External Evaluation (JEE) was conducted in September 2018

OBJECTIVES OF THE WORKSHOP AND EXPECTED OUTCOMES

The main objective of the IHR-PVS NBW is to provide an opportunity to human and animal health services of hosting countries to review their current collaboration gaps in key technical areas and to develop a joint roadmap of corrective measures and strategic investments to improve the collaborative work at the animal-human interface in the prevention, detection and control of zoonotic diseases. The IHR-PVS NBWs focus on the following strategic objectives:

- Increased awareness and understanding on the IHR-MEF and the WOAH PVS Pathway, their differences and connections
- Understanding of the contribution of the veterinary services in the implementation of the IHR (2005) and how the results of the PVS Pathway and IHR-MEF can be used to explore joint strategic planning
- **Diagnosis of current strengths and weaknesses** in the collaboration between animal health, human health and environmental health services for 15 key technical areas
- **Identification of practical next steps** and activities and development of a joint national roadmap to strengthen collaboration and coordination between the two sectors, and environmental sector.

The agenda of the Workshop is available at Annex 1.



<u>The NBW road poster illustrates the process, with actors from relevant sectors coming together to embark</u>
on 7 sessions that lead to the development of a joint NBW Roadmap

REPORT ON THE SESSIONS

From 23 to 25 August 2022, the National Bridging Workshop (NBW) on the International Health Regulations (IHR) and the Performance of Veterinary Services (PVS) Pathway for the Philippines was held in Manila. The Workshop was hosted at the kind invitation of the Government of the Philippines, with organizational support from World Health Organization (WHO), Food and Agriculture Organization (FAO) and the World Organization for Animal Health (WOAH).

The Workshop was attended by 157 participants, including 123 participants from key national institutions for One Health (DOH, DA, DENR among others) with representatives from national, subnational and local levels. Other participants include 16 from WHO, 3 from WOAH, 2 from FAO and 10 partner observers (ADB, USAID, WB, JICA, ACB, Keio University). The workshop used an interactive methodology and a structured approach with user-friendly material, case studies, videos and facilitation tools. All participants received a *Participant Handbook* which comprised of all necessary information such as the objectives of the workshop, instructions for working group exercises, expected outcomes of each session etc. Sessions were structured in a step-by-step process as follows:

OPENING SESSION

An opening prayer was given, following by the national anthem of the Philippines.

Welcoming of the participants and opening remarks were provided by Dr Beverly Lorraine Ho (OIC Undersecretary of Health, DOH), Dr Reildrin Morales (Assistant Secretary for Livestock and Concurrent Director, BAI), Dr Natividad Bernardino (OIC Director, Biodiversity Management Bureau, DENR), Dr Yui Sekitani (Technical Officer, WHO Philippines), Dr Ronello Abila (Sub-regional Representative, WOAH) and Dr Sheila Wertz-Kanounnikoff (FAO Representative, FAO Philippines).

Opening speakers highlighted the importance of the multisectoral collaboration in the prevention, detection and response to health threats at the animal-human-environment interface. Recent examples of international spread of zoonotic diseases such as SARS-COV-2 and monkeypox virus illustrate the urgent need to strengthen the One Health approach. By organizing the largest NBW ever conducted (155 participants), the Philippines showed their strong dedication in improving this multisectoral collaboration at all required levels, not only for zoonoses but also for other threats at this delicate interface, such as food safety issues, or antimicrobial resistances.

SESSION 1: THE ONE HEALTH CONCEPT AND NATIONAL PERSPECTIVES

The workshop approach and methodology were presented by Dr Guillaume Belot (technical focal point for NBW Program, WHO Geneva), and the participant handbook was presented. It was stressed that the meeting was neither an evaluation nor a training, but a workshop aimed at developing a national roadmap to improve the collaboration between the sectors.

A documentary video introduced the One Health Concept, its history, rationale and purpose and how it became an international paradigm. The video also introduced the workshop in the global and national context by providing high level background information on the collaboration between WHO, WOAH and FAO.

The three key sectors in the Philippines presented their structure, priorities and challenges, as well as ongoing One Health activities and collaboration as follows:

Human health services and One Health (Dr Alethea de Guzman, Director, Epidemiology Bureau, DOH):

Dr de Guzman presented the DOH mission which is to lead the country in the development of a productive, resilient, equitable and people centered health system for Universal Health Care. After presenting the organization chart of DOH inside the Ministry of Health, she presented the National Objectives for Health (NOH) 2017-2022, which specifies the priorities and targets of DOH, as well as the Universal Health Care (UHC), a government mandate aiming to ensure that every Filipino shall receive affordable and quality health care.

One Health initiatives were developed upon, such as the Philippine Interagency Committee on Zoonoses (PhilCZ), and the interagency committee on AMR which developed the Philippine Action Plan to combat AMR with a One Health approach. DOH also organized the IHR JEE in September 2018 after self-evaluation was conducted early 2018. Dr de Guzman illustrated the collaboration work with the example of the recent outbreak in February 2022 of H5N1 outbreaks, initially in Region III then involving multiple regions nationwide. Multisectoral collaboration took place for surveillance as well as case investigation and monitoring.

Challenges were highlighted, mainly (i) AMR, where surveillance should be more robust and where there is limited enforcement of regulations of antimicrobial use; (ii) the limited capacity and infrastructure for detection and management at points of entry; (iii) surveillance, where there is a lack of mechanisms across agencies and across levels, with siloed paper-based reporting system and weak analytics; and (iv) lack of technical capacity to mount a joint response across agencies.

Veterinary services and One Health (Dr Imelda Santos, Chief of the Animal Health and Welfare Division, BAI, Department of Agriculture):

Dr Imelda Santos, Chief of the Animal Health and Welfare Division, Bureau of Animal Industry (BAI), Department of Agriculture presented the institutional set-up of the Veterinary Services of the Philippines wherein the BAI is the competent veterinary authority responsible for animal health and disease control. A

number of animal disease diagnostic laboratories at national, regional and provincial level support the diagnosis and surveillance of animal diseases including zoonotic diseases. The BAI is also mandated to undertake animal welfare, animal production and food safety, and quarantine inspection services for international livestock trade. The BAI collaborates with the Department of Health and the Department of Environment and Natural Resources (DENR) in addressing zoonotic diseases such as Avian Influenza, Ebola Reston and Rabies.

Environmental services and One Health (Dr Rizza Araceli F. Salinas, Veterinarian II, Biodiversity Management Bureau, DENR).

Dr Rizza F. Salinas elaborated about the Ministerial responsibilities of the Department of Environment and Natural Resources that mainly cover conservation management of wildlife through the Biodiversity Management Bureau (BMB). The historical background covered the actions of the environmental sector in its involvements on zoonoses actions in the Philippines, by mentioning a couple of legislative frameworks in which DENR are involved (Wildlife Resources Conservation and Protection Act - 2001; the Philippine Inter Agency Committee on Zoonoses - PhilCZ under the Administrative Order in collaboration with the DOH and DA). Further to that, a Wildlife Diseases Conceptual Framework (2018) was developed in consultation with BAI focused on the identification of potential pathogens among wildlife and understand their role in disease transmission. Overall One Health activities are focused on: wildlife disease surveillance, veterinary care of wildlife (rescued/confiscated/abandoned); prevention and control of wildlife trade and ecotourism advisories and guidelines development. The intentions are to improve One Health collaboration; continue capacity building on disease surveillance of DENR staff; and enhance public awareness about wildlife role on the human-animal-environmental interface.

Following the three sector presentations, a second documentary video provided participants with concrete worldwide examples of intersectoral collaboration in addressing health issues at the human-animal interface for various key technical areas such as surveillance, response and communication among others.

Outcomes of Session 1:

At the end of the session, the audience agreed that:

- Intersectoral collaboration between animal and human health sectors happens, but mainly during outbreaks; with a better coordination mechanism and preparedness, much more could be done at the human-animal interface.
- The three sectors have common concerns and challenges and conduct similar activities. Competencies exist and can be pooled. This needs to be organized though a collaborative approach.
- WHO, WOAH and FAO are active promoters of One Health and can provide technical assistance to countries to help enhance inter-sectoral collaboration at the central, local and technical levels.

SESSION 2: NAVIGATING THE ROAD TO ONE HEALTH - COLLABORATION GAPS

Participants were divided into six working groups of mixed participants from both sectors and from different levels (Central, Provincial, District). Groups were provided with a case study scenario (Table 1) based on diseases relevant to the local context (Rabies, Salmonellosis, Henipah, Avian Influenza, Leptospirosis and Disease X) developed in collaboration with national representatives.

<u>Table 1</u>: Scenarios used for the different case studies

1. Rabies

A stray dog which was known to have bitten two cows and was behaving aggressively towards people was reported to have bitten some children in the same neighborhood. It was accidentally killed by villagers in the outskirts of Legaspi City, Albay province two days ago. The carcass of the dog was eaten before the Veterinary authorities were able to take the head of the dog for confirmation of diagnosis.

2. Avian influenza H5N1

Two persons were admitted at the Pampanga Provincial Hospital, San Fernando, Pampanga, with pneumonia. Laboratory testing by RT-PCR resulted positive for H5N1 subtype of avian influenza. One of the patients is a semi-commercial layer producer who sells his spent hens three times a week at the local live bird market. The other patient reported having visited the same market 7 days prior to disease onset and having bought four quails.

3. Salmonellosis

90 people in San Jose Del Monte City, Bulacan, sought medical attention when they suffered high fever, nausea, diarrhea and severe abdominal pain, 12-36 hours after eating breakfast at a local eatery. Of these, 7 (5 children and 2 elderly) were hospitalized. All recovered within a week. The Managing Director of the eatery said that it sourced its eggs from a reputable supplier, and that the hotel stored its eggs according to food safety standards.

4. Leptospirosis

After recent flooding around San Fernando, La Union, the Health Department has identified three cases of leptospirosis. One person has died, and two others have suffered serious illness because of the bacterial disease. All three cases were reported within a 1-block radius—in the suburbs of San Fernando, La Union, one of the poorest neighborhoods in the region. Cattle are very much present in the area.

5. Henipah

Locals from Sultan Kudarat were admitted to Sultan Kudarat Provincial Hospital with neurological symptoms, including seizures. These locals allegedly consumed horse meat. About ten people showed signs of the disease, and eight died later, in the village.

6. Disease X

Multiple posts in social media appear with images of dead and decomposing carcasses of monkeys in the natural habitat of Mindoro. These posts spread very quickly. While monkey die-off has been reported earlier, recently small ruminants have also died of similar symptoms, including a farmer who has died of hemorrhagic and unusual pneumonia symptoms. The community health worker who treated the farmer is now experiencing similar symptoms and has been isolated at the Mindoro Provincial hospital. Testing for all known pathogens were all negative. News media reported that the local people are scared about risks to their health

Using the experiences from previous outbreaks of zoonotic diseases, the groups discussed how they would have realistically managed these events, and evaluated the level of collaboration between the veterinary and the public health services for 15 key technical areas: coordination, investigation, surveillance, communication, etc. These activities/areas of collaboration were represented by color-coded *technical area cards*: green for "good collaboration", yellow for "some collaboration", and red for "collaboration needing improvement" (Figure 1).



<u>Figure 1</u>: Participants working on a case scenario for salmonellosis are evaluating the level of collaboration between the sectors for 15 key technical areas.

During an ensuing plenary session, each group presented and justified the results of their work. <u>Output 1</u> summarizes the results from the six disease groups.

Outcomes of Session 2:

- Areas of collaboration were identified, and joint activities discussed.
- Level of collaboration between human, animal and environmental health sectors for 15 key technical areas was assessed (Output 1).
- The main gaps in the collaboration were identified.

SESSION 3: BRIDGES ALONG THE ROAD TO ONE HEALTH

Documentary videos introduced the international legal frameworks followed by human health (<u>IHR 2005</u>) and animal health (<u>WOAH standards</u>) as well as the tools available to assess the country's capacities: the annual reporting and JEE tools for public health services and PVS Pathway for veterinary services. The differences and connections between these tools were explained. A large matrix (IHR-PVS matrix), cross-connecting the indicators of the IHR MEF (in rows) and the indicators of the PVS Evaluation (in columns) was set-up and introduced to the participants (Figure 2).

Through an interactive approach, working groups were invited to plot their *technical area cards* onto the matrix by matching them to their corresponding indicators. A plenary analysis of the outcome showed clear gap clusters and illustrated that most gaps were not disease-specific but systemic.



<u>Figure 2</u>: Mapping of the gaps by positioning the selected cards from all six on the IHR-PVS matrix provides a snapshot of the status of collaboration across technical areas in the Philippines

The main gaps (clusters) identified were discussed, this time on a systemic level (all diseases combined). Overall, we could see that only one area scored (slightly) above average: coordination at local level. This highlights the fact that there are significant gaps in the collaboration across most technical areas. Notably, some key areas such as legislation, surveillance, finance or risk assessment which scored almost exclusively red cards.

New working groups were made for the second half of the workshop, this time by technical area, to try and cover all aspects of collaboration where improvement is needed:

- Group 1: Coordination (high level, technical level and local level)
- Group 2: Surveillance and Laboratory
- Group 3: Response and Field Investigation
- Group 4: Risk communication and Risk assessment
- Group 5: Human resources, Education and Training
- Group 6: Legislation and Finance

Outcomes of Session 3:

- Understanding that tools are available to explore operational capacities in each of the sectors was improved.
- Understanding of the contribution of the veterinary sector to the IHR was improved.
- Understanding of the bridges between the IHR MEF and the PVS Pathway was improved. Reviewing together the results of capacities assessment might help in identifying synergies and optimize collaboration.
- Understanding that most gaps identified are not disease-specific but systemic was ascertained.

SESSION 4: CROSSROADS - PVS PATHWAY AND IHR MEF REPORTS

New working groups with representation from all previous groups were organized for each of the six priority technical areas.

The matrix was used to link the identified gaps to their relevant indicators in the IHR MEF and in the PVS Pathway. Each working group then opened the assessment reports (JEE, PVS Evaluation) and extracted the main findings and recommendations relevant to their technical area (Figure 3).



<u>Figure 3</u>: Participants extracting results from the PVS and JEE reports.

Outcomes of Session 4:

- Participants got a good understanding of the assessment reports for both sectors, their purpose and their structure.
- The main gaps relevant to each technical area and related to coordination and collaboration between sectors were extracted.
- Similarly, main recommendations from the existing reports were extracted

SESSION 5: ROAD PLANNING

Using the same working groups as for the previous session, participants were asked to identify, for each technical area, priority activities that the sectors should implement to improve their collaboration in the future. This brainstorming used several items as information sources:

- -The report sheets from Session 2, which highlight the key gaps for all technical areas and for the different diseases / case studies used.
- -The key gaps and recommendations extracted from the JEE and PVS reports during Session 4.
- -The technical activity cards, which give several examples of possible joint activities.
- -and most importantly, the experiences of all the participants in working on a daily basis in the human health, veterinary and environmental health sectors of the Philippines.



<u>Figure 4</u>: The group working on "Human Resources and Training" is using the results of the previous sessions to identify joint activities to improve the collaboration between the sectors in this domain.

Outcomes of Session 5:

• Clear and achievable activities were identified to improve inter-sectoral collaboration between the sectors for all technical areas selected.

SESSION 6: FINE-TUNING THE ROAD-MAP

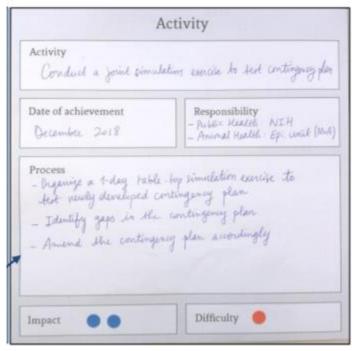
After brainstorming activities had been discussed and validated with international and national facilitators, participants were asked to fill the *Activity Cards* for each activity, detailing the desired date of implementation, the responsible lead focal points, as well as the detailed process of implementation of an activity, the importance of the identifying an activity that is as operational as possible, with very clear and

precise actionable steps.

The difficulty of implementation and the expected impact of each activity were evaluated using red and blue stickers respectively using a semi-quantitative scale (1 for less difficult to implement or less impact to 3 for most difficult to implement or high impact).

Activity cards that were linked (by theme, or by process) were then regrouped under one Objective card, to start structuring the roadmap.

A World Café exercise was then organized to enable participants to contribute to the action points of all technical areas (Figure 5). Each group had a rapporteur whose duty was to summarize the results of their work to the other groups. Each



group rotated between the different boards to contribute and provide feedback on all technical areas. Rotating groups used the post-it note pad to leave their comments on the objectives and activities of other groups when they felt that an amendment or a clarification was necessary.

At the end of the World Café, each group returned to their original board and the rapporteur summarized the feedback received. Groups were given 20 minutes to address changes or additions suggested by the other participants. Objectives and activities were fine-tuned accordingly.

Overall, the six groups identified a total of 12 key objectives and 32 activities. The detailed results are presented in Output 2.

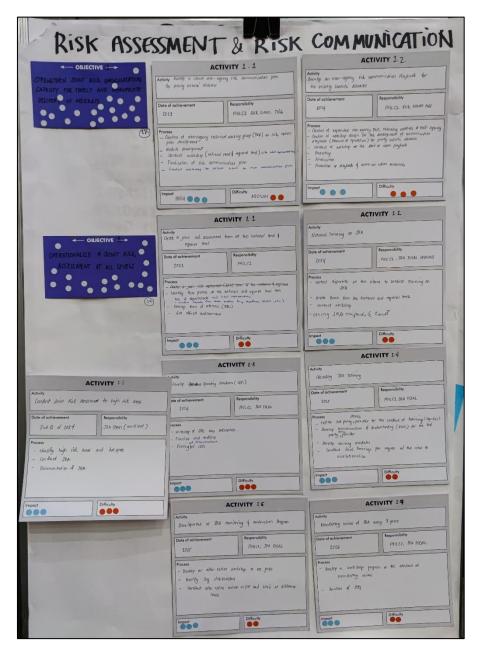


<u>Figure 5:</u> A world café session is organized, during which participants rotate through each group to provide comments and inputs on the different roadmap sections

Prioritization of Objectives

To prioritize the objectives identified by the technical working groups, participants were given five small white stickers each, to identify which five objectives (and their constituting activities) they considered as of highest priority.

A total of 301 votes were casted, with three objectives obtaining very high scores, including the two objectives related to legal and finance 'To establish sustainable financial mechanism for One Health Activities' (56 priority votes) and 'To formulate legal framework for One Health' (51 priority votes) as well as one of the objectives related to human resources and training: 'To strengthen One Health capacities of personnel' (44 priority votes). Each objective received at least a few votes, highlighting the fact that all components of the roadmap are considered as a priority by a portion of participants.



<u>Figure 6:</u> Example of the Roadmap section on 'Risk assessment and Risk communication', which is composed of 2 objectives and 9 activities.

Outcomes of Session 6:

- Harmonized, concrete and achievable roadmap to improve the coordination and collaboration between the animal health, human health and environmental sectors in the prevention, detection and response to zoonotic diseases and food safety outbreaks was developed.
- Buy-in and ownership of all participants who contributed to all areas of the roadmap was confirmed.
- Prioritization of the activities was conducted.

SESSION 7: WAY FORWARD

Results of the prioritization vote were presented and discussed.

A final plenary session was organized to discuss on the way forward, and to give all participants a chance to express themselves on the resulting roadmap and how they seemed would be the best way to start its implementation. This session was entirely facilitated by national stakeholders.

The way forward and next steps, as discussed and agreed with all participants was identified as follows:

- Convene a PhilCZ meeting
- Produce a two-pager summary of the NBW
- Review and incorporate the National Bridging Workshop (NBW) Roadmap in the National Action Plan for Health Security (NAPHS)
- Involve local government units (LGUs)
 - League of City/Municipal Mayors, League of Governors, Department of Interior and Local Government (DILG)
 - o Emphasize Mandate in the execution of OH initiatives and programs
 - o Include OH in the Seal of Good Local Governance of the DILG
- Convene the TWG to continue the discussion, with Tripartite providing support
- Invite decision makers from each agency in future OH-related activities
- Highlight involvement of wildlife in future OH activities
- Create a communication platform on OH
- Inclusion of the Department of Budget and Management (DBM) for OH budget allocation
- Explore champion/s for OH advocacy and awareness
- Involve private stakeholders in future OH-related activities
- Map out agencies that are already working on OH for future funding of activities

Outcomes of Session 7:

- Way forward for the implementation of the roadmap was presented and discussed.
- Ownership of the workshop results by the country was confirmed.

CLOSING SESSION

Following were the gist of closing remarks made by the closing speakers:

- The workshop was organized at a right time as One Health approach is gaining worldwide importance, particularly due to COVID-19 pandemic
- They extended the appreciation and gratitude of Government of The Philippines to WHO, WOAH, and FAO for supporting the organization of the NBW, and thanked the international facilitators for providing technical expertise and facilitation of the workshop, local organizers of the workshop, IT experts, and participants for actively participating in the workshop, and coming up with the excellent roadmap for One Health capacity building in The Philippines.
- Over the three-day workshop, everyone from central and subnational levels, particularly
 professionals working in the field have gained same level of understanding of One Health and its
 importance to effectively mitigate the risk of future pandemics and in prevention and control of
 zoonotic diseases and food safety outbreaks.
- Everyone worked hard to build the excellent One Health roadmap for strengthening One Health capacity in the Philippines and everyone from all the sectors must make concerted efforts to work together.
- The NBW has enabled to build network amongst professionals from different sectors and therefore working together will be easier and more effective
- Every participant was urged to spread through their words of mouth on the importance of One Health
 and how different sectors should work together for prevention and control of zoonotic diseases
 including other hazards like chemical contamination and food safety.

WORKSHOP OUTPUTS

OUTPUT 1: ASSESSMENT OF LEVELS OF COLLABORATION FOR 15 KEY TECHNICAL AREAS

	Rabies	Leptospirosis	Salmonellosis	Avian influenza	Henipah	Disease X	Score
Coordination at local Level	1	0	1	1	2	2	7
Field investigation	1	0	1	1	1	2	6
Coordination at high level	1	0	1	1	1	1	5
Communication w/ media	1	0	1	1	1	1	5
Communication w/ stakeholde	1	0	1	1	1	1	5
Response	1	0	1	1	1	1	5
Coordination at technical Level	1	0	1	1	1	0	4
Laboratory	1	0	1	1	0	1	4
Education and training	1	0	1	1	1	0	4
Human resources	0	0	1	1	2	0	4
Legislation / regulation	1	0	1	0	0	1	3
Emergency funding	0	0	1	2	0	0	3
Joint surveillance	0	0	1	1	0	0	2
Finance	0	0	0	1	0	0	1
Risk assessment	1	0	0	0	0	0	1

For each disease, the performance of the collaboration between the human health and the animal health sectors is color-coded: green for "good collaboration", yellow for "some collaboration", and red for "collaboration needing improvement". The score uses a semi-quantitative scale (2 points for a green card, 1 for a yellow card and 0 for a red card).

OUTPUT 2: NBW ROADMAP - OBJECTIVES AND ACTIONS IDENTIFIED PER TECHNICAL AREAS

Action	Timeline	Difficulty (1-3 scale)	Impact (1-3 scale)	Responsibility	Process					
COORDINATION										
Objective 1: Improve the PHILCZ functionality by reviewing and amending the governing policies and plans (28 priority votes)										
1.1 Conduct series of joint workshops to: Review accomplishments of PhilCZ, objectives, roles and responsibilities, and supporting mechanisms relative to sector mandates Review and amend Presidential Administrative Order No. 10, Joint Administrative Order DA-DOH-DENR No 2020-02 and PhilCZ Strat Plan	3 rd – 4 th Quarter 2022 1 st – 2 nd Quarter 2023	++	+++	PhilCZ cTWG (DOH- DENR-DA)	Prepare TOR and other relevant documents to hire consultants and members to facilitate and document the series of workshops Conduct activities relative to the hiring process of consultants and members Conduct preparatory meetings with hired consultants for the scoping, planning of methodologies, and preparation of materials for the activities Conduct workshop proper to achieve desired output Secretariat composition and roles and responsibilities with all member agencies properly represented To include definition and mechanism of coordination					
1.2 Conduct a joint convergence workshop to finalize the PhilCZ strategic plan and final structure to include membership of Department of Interior Local Government, Department of Public Works and Highways, Department of Finance, National Economic Development Authority, Department of Science and Technology, and Other Operational Agencies	3 rd — 4 th Quarter 2023	++	+++	Department of Health – Office of the Secretary	Key players from the Phil CZ working group to attend the joint convergence workshop Organize a four (4) day workshop at the national level with the following agenda a. Day 1 - finalization of the amendment to AO No. 10 series of 2011 b. Day 2 - finalization of the amendment to JAO Number 2020-02 c. Day 3 - finalization of the Phil CZ strategic plan 2023 to 2028 d. Day 4 - synthesis and ways forward Development of a Technical Report of the joint convergence workshop Submission to the Phil CZ for approval Once approved, disseminate the amended policies through the working groups					
Objective 2: Strengthen the operationalization of the revised PhilCZ by CY 2023-2028 (18 priority votes)										
2.1 Create subcommittee on priority technical areas on surveillance, field investigation and response, risk assessment and communication, human resource, and training	3 rd — 4 th Quarter 2023	+	+++	PhilCZ Chair (DOH) DA, DENR, DOH, DILG (All members of PhilCZ)	Identify specific concerned agencies to subcommittees Surveillance, laboratory field investigation and response risk assessment risk communication human resource and training PhilCZ chair to write official memo to identified concerned agencies on creation or nomination of TWG members on said five subcommittees					

						issuance of special orders (each agency) to TWG members		
2.2 Develop Memorandum of Agreement (MOA) clearly defining the inter-sectoral coordination, communication, and information sharing of the PhilCZ member agencies			+	+++	DOH as lea agencies DENR, D DPWH, ND NEDA,	ad, other organize workshop in drafting the MOA clearly stating each agency's role as the coordination, communication mechanisms, and information or circulate drafted MOA for revision among member agencies		
2.3 Develop standard operating procedures (SOPs) per identified technical areas and inter-sectoral coordination from the national level and cascading to local level	2024	2024 ++		+++	Technical : sub-comr	staff of		
	SUR	VEILLA	NCE AN	D LABOI	RATORY			
Objective 3: Set-up an operational framework for ro	utine dat	a-shariı	ng of sur	veillance	results be	etween the three sectors (34 priority votes)		
3.1 Review the status of surveillance system framework	1 st Quarter 2023	+	+++		nembers	Organize a meeting with the representatives of the three sectors at the national level. Organize a 5-day workshop with the representatives from each sector (National and Regional) + Local Government Units (LGUs)		
3.2 Develop a joint surveillance system	Quarter 2023 2 nd Quarter 2023	++	+++	agencies/c		Identify members of TWG appointed by the representative of each sector Converse a 2-day meeting with the TWG to plan the development of the joint surveillance system		
3.3 Develop TORs and SOPs to operationalize the joint surveillance system	4 th Quarter 2023	++	+++		[‡] 2)	Identify/hire consultants and experts to facilitate the write-shop Organize a 3-day write-shop in developing the joint surveillance syste Circulate the drafted TORs and SOPs Finalization of TORs an SOPs		
	2 nd Quarter 2024							
Objective 4: Set-up a One Health Laboratory Network (23 priority votes)								
4.1 Determine the capacity of laboratories from all sectors in all levels to provide laboratory services	4 th Quarter 2024	++	+++		nbers	Conduct assessment and mapping of the existing laboratories from all sectors in all levels and their referral systems. Finalize the list of laboratories based on the results of assessment		

4.2 Set-up a joint laboratory referral system	2 nd Quarter 2025	+	+++	Sectoral TWG Members	Create the laboratory network Successful Services (Services) Issue JAO on designation of National Reference Laboratories			
FIELD INVESTIGATION & RESPONSE								
Objective 5: Establish the "One Health" protocol & identify specific functions of each sector in conducting joint field investigation & response (32 priority votes)								
5.1 Conduct an inter-agency meeting to review existing policies and protocols on field investigation and response	December 2022	+	+++	DOH-EB DA DENR LGU/DILG	List and compile existing policies/protocols of concerned offices related to field investigation and response. Share and review policies among agencies. Conduct a joint-hybrid meeting to discuss coordination gaps and provide recommendations.			
5.2 Develop TOR and SOPs on information sharing, field investigation, response, sharing of logistics/resources.	4 th Quarter 2022	+++	+++	• DOH-EB • DA • DENR • LGU/DILG	 Organize a meeting with the responsible agency to draft the SOP Review the drafted SOP for revision from different sectors through electronic communication for faster review and response. Organize a validation workshop for official endorsement. SOP to include reporting, investigation, response and feedback. 			
5.3 Create One Health Response Teams at the national, regional and local levels	March 2023	+++	+++	DOH-EB DA DENR LGU/DILG	Organize a 1day meeting for identification of focal persons on a National level on October 2022 Each sector to designate a focal person and identify their responsibilities – December 2022 To create a joint Administrative Order (AO) for the creation of "One Health Response Team" – March 2023			
Objective 6: To equip the "One Health Response Tea	m" for tin	nely & eff	ficient fie	ld investigatio	n and response activities at all levels (16 priority votes)			
6.1 Conduct TOT for the capacity building of the One Health Response Team Members of the national, followed by the regional level to be cascaded down to the LGU level on the following topics: field investigation/epidemiology, lab sample collection, handling, storage and transport and simulation exercise	1. 2 nd Quarter 2023 2. 3 rd - 4 th Quarter 2023 3. 3 rd quarter 2023 to 3 rd quarter 2024	+++	+++	DOH DA DENR DILG	 Identify experts from the 3 agencies and other institutions as resource persons for the 5-day training on (a) Field epidemiology (b) Laboratory sample collection, handling, storage and transport (c) Simulation exercises / actual immersion From five (5) clusters of TOTs with participants from regional representations of the agencies and from DILG. Regional TOTs shall conduct PLGU trainings for provincial reps from the three (3) agencies and field offices in their respective regions. Cascading of PLGU trainers to the municipal/city levels with HMOs, City Vets/LS coordinators MENRO/MAO *Conduct regular post-assessment activities on all levels and amend accordingly. Initial funds for training will come from PhilCZ 			
6.2 Conduct a joint simulation exercise at the national level followed by simulation exercises in each region to be cascaded down to the LGUs	2 nd Quarter 2023 National	++	+++	DOH DA DENR DILG	 Organize a 2-day tabletop simulation exercise on zoonotic diseases and food safety in field investigation and response contingency plans and procedures. Identify gaps found in field investigation and response contingency plans and procedures. 			

3) Develop an improved contingency plan and procedure on zoonotic diseases and food safety. Quarter 2023 Regional and Local HUMAN RESOURCES AND TRAINING 3) Develop an improved contingency plan and procedures to regional and local level through simulation exercises. 5) Conduct regular post-assessment activities on all levels and amend contingency plans and procedures accordingly. 6) Initial funds for training will come from PhilCZ Objective 7: To assess the current country's One Health workforce (6 priority votes)							
7.1 Conduct two workshops on the inventory of personnel	April 2023, May 2023	+++	+++	National Government DOH-EB, DPCB, HEMB, RITM, Regional Field Offices (RFOs), AS, DA-BAI, NMIS, RFOs, DOH-OHL, DENR-BMB, ERDB, EMB, RFOs, Admin CO, PCSD	Organizer: National Offices Participants: National Representatives, Regional Representatives 1) Series of leveling-off virtu		
7.2 Determine number of staff required and lobby opening of job posts to the Department of Budget and Management (DBM)	June 2023	+++	+++	National Level Central Office: DOH, DA, DENR	3) Propose staffing pattern for	•	
Objective 8: To strengthen One Health capacities of personnel (44 priority votes)							
8.1 Conduct of at least three training needs assessment (TNA) sessions at national and local and other stakeholders end orientation on one health	September 2023	+++	+++	DOH: EB, DPCB, HEMB, RITM, RFOs, AS, OHL DA: BAI, NMIS, RFOs	workshop participants and 2) Convene TWG for HR and 3) Harmonize / complement 4) Conduct TNA (1st week o	existing TNA tools (November 2023) f December 2023) of DNA results (1st quarter of 2024), include	

				DENR: BMB, ERDB, EMB, RFOs, Admin CO, PCSD	Development of training modules for target stakeholders of TNA (2 nd to 3rd quarter of 2024)
8.2 Conduct at least three (3) joint trainings based on Training Needs Analysis (TNA) session results	1 st quarter of 2025	+++	+++	DOH: EB, DPCB, HEMB, RITM, RFOS, AS, OHL DA: BAI, NMIS, RFOS DENR: BMB, ERDB, EMB, RFOS, Admin CO, PCSD	Resource Persons/Experts: 1) One Health Module Surveillance 2) Outbreak Investigation 3) Risk Assessment (Risk Analysis) Post field work assessment
8.3 Roll-out finalized modules and materials (local)	July 2025	+++	+++	DOH: EB, DPCB, HEMB, RITM, RFOS, AS, OHL DA: BAI, NMIS, RFOS DENR: BMB, ERDB, EMB, RFOS, Admin CO, PCSD	Launching of One Health and Training Needs Assessment Module/Material Digitization of OH and TNA module/material through online database set- up Maintenance of online databases
			AND FIN		
Objective 9: To establish sustainable financial mecha		One Healt	h Activiti		,
9.1 Institutionalize allocation of budget by the host agency	2024	++	+++	Host Agency	 Joint Strategic Planning with costing Include in National Expenditure Plan of National Host Agency to include Assessment of Expenditure Plan Lobbying in Congress or secure passage in the General Appropriations Act (House of Representatives) Allot funds for Regional Partners
9.2 Allocate funds for Disease Preparedness Activities	2024	+	++	DA-DOH-DENR- LGU	1) Review Annual Procurement Plan / Procurement Project Management Plan
9.3 Formulate harmonized process to expedite the use of Quick Response Fund (QRF)	2024	++	+++	DA-DOH-DENR	Defining the role of PhilCZ Chair on the declaration of Public Health Emergency Simultaneous release of QRF

Objective 10: To formulate legal framework for One Health (51 priority votes)							
10.1 Draft and propose a legislation "One Health Act"	2023- 2025	+++	+++	PhilCZ TWG	Review existing policies on One Health Formulate One Health Act – Identify champion for the proposed One Health Act Public consultation Endorse to the legislators for recommendation and approval by the President Include in the Implementing Rules and Regulations		
RIS	K ASSES	SMENT A	ND RISK	COMMUNIC	ATIONS		
Objective 11: Strengthen joint risk communication ca	apacity fo	or timely a	and appro	priate deliver	y of messages (22 priority votes)		
11.1 Develop a robust inter-agency risk communication plan for priority zoonotic diseases	2023	++	+++	PhilCZ Risk Communication TWG	Creation of inter-agency technical working group (TWG) on risk communication plan development Module development Conduct workshop (national level and regional level) with LGU representative Finalization of risk communication plan Conduct workshop to orient LGUs on risk communication plan		
11.2 Develop an inter-agency risk communication playbook for priority zoonotic diseases	2024	+++	+++	PhilCZ Risk Communication TWG	Creation of expanded inter-agency technical working group, including creatives of each agency. Creation of workshop design for the development of communication playbook (Manual of Operations) for priority zoonotic diseases. Conduct workshop on the development of communication playbook Pre-testing Finalization Production of playbook and communication materials		
Objective 12: Operationalize a Joint Risk Assessment	t at all lev	els (17 p	riority vol	tes)			
12.1 Create a joint risk assessment (JRA) team at the national level and regional level	2023	++	+++	PhilCZ	Identify focal persons at the national and regional level from the 3 Departments and LGU representatives. Develop terms of reference (TOTs) Get official endorsement		
12.2 Conduct a national training on JRA	2024	++	+++	PhilCZ JRA, Focal persons	Contact tripartite on the intent to conduct training on JRA. Invite focal points from the national and regional levels Organize JRA tripartite training		
12.3 Develop Standard Operating Procedures (SOPs) for JRA	2024	+++	+++	PhilCZ JRA, Focal persons	Write-shop of SOPs and Ordinances Finalize and endorse Printing and dissemination of SOPs.		
12.4 Conduct cascade JRA training	2025	++	+++	PhilCZ JRA, Focal persons	 Explore 3rd party service provider for the conduct of trainings (logistics) Develop Memorandum of Understanding (MOUs) for the 3rd party service provider 		

					3) Conduct local trainings per region with the view to institutionalize
12.5 Conduct Joint Risk Assessment for high-risk areas	2 nd Quarter 2024	+++	+++	JRA Team (multilevel)	 Identify high risk area and hotspots Conduct JRA Documentation of JRA
12.6 Develop JRA monitoring and evaluation program	2025	++	+++	PhilCZ JRA, Focal	 Develop an after-action workshop to see gaps Identify key stakeholders Conduct after action review as per need basis at different levels

WORKSHOP EVALUATION

An evaluation questionnaire was completed by 89 participants to collect feedback on the relevance and utility of the workshop.

Workshop evaluation	'Satisfied' or 'Fully satisfied'	Average score (/4)
Overall assessment	99%	3.6
Content	99%	3.6
Structure / Format	99%	3.6
Facilitators	97%	3.6
Organization (venue, logistics,)	100%	3.7

Participants had to choose between 1=Highly unsatisfied – 2=Unsatisfied – 3=Satisfied – 4=Highly satisfied

Impact of the workshop on	'Significant' or 'Major'	Average score (/4)
Your technical skills / knowledge	97%	3.2
The work of your unit/department	96%	3.3
The intersectoral collaboration in The Philippines	94%	3.4

Participants had to choose between 1=No impact at all – 2=Minor impact – 3=Significant impact – 4=Major impact

Satisfaction rate for each session						
Session 1	Session 1 Session 2 Session 3 Session 4 Session 5 Session 6 Session 7					
100%	100%	99%	99%	100%	100%	100%

Would you recommend this workshop to other countries?		
Absolutely 88%		
Probably	12%	
Likely not	0%	
No	0%	

ANNEX 1: WORKSHOP AGENDA















Agenda

NATIONAL IHR-PVS BRIDGING WORKSHOP

The Philippines, 23-25 August 2022

	23 August 2022 (DAY 1)			
08.30 - 09.00	Registration of participants			
09.00 – 10.00	 Opening Ceremony Dr Beverly Lorraine, OIC-Undersecretary of Health, Department of Health (4') Dr Reildrin Morales, Assistant Secretary for Livestock and Concurrent Director of the Bureau of Animal Industry, Department of Agriculture (4') Ms Natividad Bernardino, OIC Director, Biodiversity Management Bureau, Department of Environment and Natural Resources (4') Dr Yui Sekitani, Technical Officer, WHO-Philippines (4') Dr Ronello Abila, Sub-Regional Representative, WOAH (4') Dr Sheila Wertz-Kanounnikoff, FAO Representative ad interim, FAO-Philippines (4') Introduction of participants (5') Group Picture (10') + Coffee break (20') 			
10.00 – 12.00	Session 1: Workshop Objectives and National Perspectives The first session sets the scene by providing background information on the One Health concept and the subsequent tripartite WOAH-WHO-FAO collaboration. It is followed by comprehensive presentations from both Ministries on the national public and animal health services. A second documentary provides concrete worldwide examples of fruitful intersectoral collaboration, showing how the two sectors share a lot in terms of approaches, references and strategic views. • Workshop approach and methodology – PPT (10') • MOVIE 1: Tripartite One Health collaboration and vision (15') • Veterinary Services and One Health in the Philippines – Dr Imelda Santos, Chief of the Animal Health and Welfare Division, Bureau of Animal Industry, Department of Agriculture (20') • Wildlife and One Health in the Philippines – Dr Rizza Araceli F. Salinas, Veterinarian II, Biodiversity Management Bureau, Department of Environment and Natural Resources (20') • Public Health Services and One Health in the Philippines – Dr Alethea De Guzman, Director IV, Epidemiology Bureau, Department of Health (20') • MOVIE 2: Driving successful interactions - Movie (25')			
	Lunch (12:00-13:30)			
13.30 – 17.00	Session 2: Navigating the road to One Health Session 2 divides participants into working groups and provides an opportunity to work on the presented concepts. Each group will have			

central and provincial representatives from both sectors and will focus on a fictitious emergency scenario.

Using diagrammatic arrows to represent the progression of the situation, groups will identify joint activities and areas of collaboration and assess their current functionality using one of three colour-coded cards (green, orange, red).

- Presentation and organization of the working group exercise PPT (15')
- Case study Working groups by disease (120')
- Restitution (75')

Expected outcomes of Sessions 1 and 2:

- Understanding of the concept of One Health, its history, its frameworks and its benefits.
- Understanding that a lot of areas for discussion and possible improvements do exist and can be operational - not only conceptual.
- Level of collaboration between the two sectors for 16 key technical areas is assessed.
- Collaboration gaps identified for each disease.

17.00 – 18.30 Facilitators and moderators only:

Briefing Session 3-4-5 and compilation of results from Session 2

	24 August 2022 (DAY 2)	
	Session 3: Bridges along the road to One Health	
	Session 3 presents the tools from both sectors (IHR MEF, JEE, PVS) and uses an interactive approach to map activities identified earlier onto a giant IHR-PVS matrix.	
08.30 – 11.20	This process will enable to visualize the main gaps, to distinguish disease- specific vs systemic gaps and to identify which technical areas the following sessions will focus on.	
	MOVIE 3: IHR Monitoring and Evaluation Framework (25')	
	MOVIE 4: PVS Pathway (25')	
	MOVIE 5: IHR-PVS Bridging (10')	
	 Mapping gaps on the IHR/PVS matrix (50') + Coffee break (20') 	
	Discussion – Plenary (30')	
Expected of	outcomes of Session 3:	
•	ling that tools are available to explore capacities in each of the sectors.	
	ling of the contribution of the veterinary sector to the IHR.	
 Understand 	ling of the bridges between the IHR MEF and the PVS Pathway.	
 Identification 	on of the technical areas to focus on during the next sessions.	
	Session 4: Crossroads - IHR MEF, JEE and PVS Pathway reports	
11:20 - 12:40	Participants will be divided into working groups by technical topic (surveillance, communication, coordination, etc) and will explore the improvement plans already proposed in the respective assessments (IHR annual reporting, JEE, PVS Evaluation, etc.), extract relevant sections and identify what can be synergized or improved jointly.	
	Presentation and organization of the working group exercise (20')	
	• Extract main gaps and recommendations from the PVS and IHR reports (including the JEE), in relation to gaps identified on the matrix (60')	
	Lunch (13:00-14:00)	
	Session 4 (continued)	
14:00 - 14:30	 Extract main gaps and recommendations from the PVS and IHR reports (including the JEE), in relation to gaps identified on the matrix (continued, 30') 	
•	outcomes of Session 4:	
	rstanding of the assessment reports, their purpose and their structure.	
 Main gaps and recommendations from existing reports have been extracted. 		
A common understanding of the effort needed starts to emerge.		
	Session 5: Road planning	
14:30–17:15	Participants will use the results obtained from the case studies and from the assessment reports to develop a realistic and achievable roadmap to improve the collaboration between the sectors.	
	 Presentation and organization of the working group exercise (15') Identification of Activities (Working groups by technical topic) (150') 	
Expected outcomes of Session 5:		

Expected outcomes of Session 5:

Clear and achievable activities are identified to improve inter-sectoral collaboration between the two sectors for all technical areas selected.

Facilitators only: Compilation of results from Session 5 (drafting of the road-map) 17.15 – 19.00 and preparation of Session 6

	25 August 2022 (DAY 3)		
	Session 6: Fine-tuning the roadmap		
	The objective of Session 6 is to have all participants contribute to all technical areas and to consolidate the joint-road map by making sure it is harmonized, concrete and achievable.		
09:00 - 12:30	Fine-tuning of the road-map: Objectives and filling out of Activity cards (90')		
03.00 12.00	Coffee break (15')		
	World Café (90')		
	Presentation of the prioritization vote (10')		
	Prioritization vote (during lunchtime)		
Exped	ted outcomes of Session 6:		
• Harmo	nized, concrete and achievable road-map.		
	ne, focal points, needed support and indicators have been identified for each activity.		
	pact and the difficulty of implementation of proposed activities have been estimated.		
•	and ownership of all participants who contributed to all areas of the road-map.		
Prioritization of the activities.			
	Lunch (12:15-13:30)		
	Session 7: Way forward In the last session, representatives from the key Ministries take over the leadership and facilitation of the workshop to discuss with participant about the next steps and how the established roadmap will be implemented.		
13:30 - 15:30	Linkages with other mandated plans such as the National Action Plan for Health Security are discussed. This is also where any need from the country can be addressed. This will depend greatly on the current status of the country in terms of IHR-MEF and on the level of One Health capacity.		
	 Results of the prioritization vote (15') Integrating the action points into the IHR-MEF process (30') Next steps (75') (lead by Ministry representatives) Comments from invited donors/partners 		
Expec	ted outcomes of Session 7:		
_	es with NAPHS.		
-	ication of immediate and practical next steps.		
• Identif	ication of opportunities for other components of the IHR-MEF.		
	Closing Session		
15:30 - 16:30	Evaluation of the workshop (20')Closing ceremony (40')		
	Closing ceremony (40)		

Note: a 4-minute video explaining the different steps of the process can be viewed at the following link: www.bit.ly/NBWMetod

Facilitators: Video interview of some participants

16.30 - 17.00

ANNEX II: LIST OF PARTICIPANTS

No	Names	Designation	Office
Department o	f Health (Green Background)		
Central Office			
1	Dr. Beverly Lorraine C. Ho	OIC - Undersecretary	Public Health Services Team, Department of Health
2	Ms. Gretchen M. Esole	Nurse II	Epidemiology Bureau, Department of Health
3	Ms. Kris Pauline M. Caballes	Senior Health Program Officer	Epidemiology Bureau, Department of Health
4	Ms. Mary Chris G. Valbuena	Nurse II	Epidemiology Bureau, Department of Health
5	Dr. Gerard B. Belimac	Medical Officer V	Disease Prevention and Control Bureau, Department of Health
6	Dr Toni Rose Lamata-Porras	Medical Officer IV	Disease Prevention and Control Bureau, Department of Health
7	Dr. Almira Gatchalian	Medical Officer III	Disease Prevention and Control Bureau, Department of Health
8	Ms. Carmel Angela B. Buado	Nurse III	Disease Prevention and Control Bureau, Department of Health
9	Mr. Leodymar Jorduela	Senior Health Program Officer	Office for Health Laboratories, Department of Health
10	Ms. Johanna B. Mallari-Abella	Pharmacist V	Pharmaceutical Division, Department of Health
11	Ms. Michelle B. Balbontin- Rivero	Pharmacist II	Pharmaceutical Division, Department of Health
12	Dr. Ronald P. Law	Chief	Health Emergency Management Bureau, Department of Health
13	Mr. Jejomar G. Guanzon	Information System Analyst II	Health Emergency Management Bureau, Department of Health
14	Mr. Jay Juan, Jr.	Nurse III	Health Emergency Management Bureau, Department of Health
15	Ms. Ma. Arlene Arbas	Chief Health Program Officer	Health Promotion Bureau, Department of Health
16	Mr. Brian Aviguettero	Health Education and Promotion Officer III	Health Promotion Bureau, Department of Health

17	Engr. Jocelyn Soria	Supervising Health Program Officer	Health Promotion Bureau, Department of Health	
18	Mr. Ricardo Noel Gervasio	Supervising Health Program Officer	Health Promotion Bureau, Department of Health	
19	Dr. Edzel Chelsea Estrella	Medical Officer III	One Hospital Command Center, Department of Health	
20	Dr. Raphaella Paula Sacdalan	Medical Officer III	One Hospital Command Center, Department of Health	
21	Dr. Bernadett Velasco	Medical Specialist III	One Hospital Command Center, Department of Health	
22	Ms. Anne Marie Rey	Planning Officer III	Office of the Public Health Services Team Undersecretary, Department of Health	
Centers for He	alth Development (CHD)			
23	Dr. Manuel C. Mapue II	Head, Regional Epidemiology and Surveillance Unit (RESU)	Department of Health - Metro Manila Center for Health Development	
24	Mr. Dominick Sotto	Emerging and Re-emerging Infectious Disease (EREID) Program Coordinator	Department of Health - Metro Manila Center for Health Development	
25	Ms Irene Joy Margallo	Statistician III	Department of Health - Metro Manila Center for Health Development	
26	Ms Gina R. Manlapig	DMO IV	Department of Health - Central Luzon Center for Health Development	
27	Mr. Neel John Alcayaga	Regional Epidemiology and Surveillance Unit (RESU) Nurse	Department of Health - Western Visayas Center for Health Development	
28	Mr. Aristotle Q. Teofilo	Regional Epidemiology and Surveillance Unit Medical Technologist	Department of Health - Soccsksargen Center for Health Development	
29	Mr. Novah Nee B Guillema	Health Program Officer II	Department of Health - Soccsksargen Center for Health Development	
Local Governm	Local Government Units (LGU)			
30	Dr. Rolando V. Cruz	Head	Department of Health - Quezon City Epidemiology and Surveillance Unit (ESU)	

31	Dr. Luis Sy, Jr.	Head	Department of Health - Taguig City Epidemiology and Surveillance Unit (ESU)
32	Mr. Jolly G. Garcia	Head	Department of Health - Pampanga Provincial Epidemiology and Surveillance Unit
DOH Hospitals	3		
33	Dr. Amado Ona Tandoc II	Medical Officer V	Research Institute for Tropical Medicine (RITM)
34	Ms. June Carandang	Officer-In-Charge Nurse III	Research Institute for Tropical Medicine (RITM)
35	Dr Jaine Azel		Research Institute for Tropical Medicine (RITM)
36	Ms Vina Arguelles	Supervising Science Research Specialist	Research Institute for Tropical Medicine (RITM)
37	Ms Bel Baterna	Bacteriologist II	Research Institute for Tropical Medicine (RITM)
Attached Ager	ncies		
38	Ms. Jesusa Joyce Cirunay	Director IV	Food and Drug Administration
39	Dr. Chester Joshua Saldaña	Food-Drug Relation Officer IV	Food and Drug Administration
40	Mr. Timothy Mendoza	Food-Drug Relation Officer IV	Food and Drug Administration
41	Dr. Carlos B. Dela Reyna	Medical Officer V	Bureau of Quarantine
42	Dr. Edgar O. Maala	Medical Officer IV	Bureau of Quarantine
Facilitators/Re	esource Speakers		
43	Dr. Gloria Nenita Velasco	Director IV	Department of Health - Epidemiology Bureau
44	Dr. Alethea R. De Guzman	Director IV	Department of Health - Epidemiology Bureau
45	Ms. Richelle P. Abellera	Nurse V	Department of Health - Epidemiology Bureau
46	Ms. Chelsea Joy M. Galutan	Supervising Health Program Officer	Department of Health - Epidemiology Bureau
47	Ms. Angelica A. Garcia	Supervising Health Program Officer	Department of Health - Epidemiology Bureau
48	Mr. Devon Ray Pacial	Supervising Health Program Officer	Department of Health - Epidemiology Bureau
49	Ms. Fatima D. Dado	Senior Health Program Officer	Department of Health - Epidemiology Bureau
50	Ms. Gretchen Esole	Nurse II	Department of Health - Epidemiology Bureau
One Hospital C	Command Center		
51	Ms. Naomigyle Kammil Ontanillas		Department of Health - One Hospital Command Center
Secretariat			
52	Mr. Marc V. Cornista	Senior Health Program Officer	Department of Health - Epidemiology Bureau
53	Ms. Mary Rose T. Traqueña	Health Program Officer II	Department of Health - Epidemiology Bureau
54	Ms. Madel Cabatic	Administrative Officer II	Department of Health - Epidemiology Bureau

55	Ms. Jherry delos Santos	Administrative Officer IV	Department of Health
Bureau of Anii	mal Industry		
56	Dr. Reildrin G. Morales	OIC, Director / Assistant Secretary for Livestock	Bureau of Animal Industry
57	Ms. Kiara V. Garcia	Executive Assistant, Office of the Director	Bureau of Animal Industry
58	Dr. Imelda J. Santos	Chief, Veterinarian V	Animal Health And Welfare Division, Bureau of Animal Industry
59	Dr. Stephani Marie U. Rada	Veterinarian III	National Veterinary Quarantine Services, Bureau of Animal Industry
60	Dr. Alicia Layson	Sr. Agriculturist / Antimicrobial Resistance Focal	Animal Feeds, Veterinary Drugs and Biologics Control Division, Bureau of Animal Industry
National Meat	Inspection Service		
61	Dr. Jocelyn A. Salvador	OIC-Executive Director	Office of the Executive Director, National Meat Inspection Service
62	Dr. January M. Nones	Chief Meat Control Officer	Plant Operation Standards and Monitoring Division, National Meat Inspection Service
63	Dr. Cheryl Rose B. Cayad-an	OIC-Division Head	Meat Import and Export Division, National Meat Inspection Service
64	Ms. Danica Angeline P. Dimaya	OIC-Division Head	Laboratory Division, National Meat Inspection Service
65	Dr. Vernadette S. Sanidad		Plant Operation Standards and Monitoring Division, National Meat Inspection Service
66	Dr. April B. Chavez	Sr. MCO	Animal Resources Development, National Meat Inspection Service
67	Dr. Camille Lee R. Mananggit	Sr. MCO	Regional Technical Operation Center III, National Meat Inspection Service
Bureau of Fish	eries and Aquatic Resources		
68	Dr. Joselito Somga	OIC	Fisheries Inspection and Quarantine Division, Bureau of Fisheries and Aquatic Resources
69	Ms. Sonia Somga	OIC	National Fisheries Laboratory Division, Bureau of Fisheries and Aquatic Resources
70	Ms. Ma. Eliza Ann Mayor		Bureau of Fisheries and Aquatic Resources

Philippine Cara	abao Center		
71	Dr. Gabriel Alexis SP. Tubalinal	Science Research Specialist II	Philippine Carabao Center – Research and Development Division, Philippine Carabao Center
National Dairy	Authority		
72	Dr. Farrell Benjelix C. Magtoto	OIC-Administrator	National Dairy Authority
73	Lhay dela Cruz		National Dairy Authority - MLD
Department of	Agriculture - Regional Field Office		
74	Dr. Milagros Mananggit	Chief	Department of Agriculture, Integratd Laboatory Division – Region IIII (Luzon)
75	Dr. Ana Marie Cristina Migriño	Chief	Department of Agriculture, Regional Animal Disease Diagnostic Laboratory – Region VII (Visayas)
76	Dr. Jeneffer Bulawan	Chief	Department of Agriculture, Integrated Laboratory Division – Region XII (Mindanao)
77	Dr. Daniel Ventura, Jr.	Regional Animal Welfare Officer	Department of Agriculture, Regulatory – Region VII (Visayas)
78	Dr. Armie Capuyan	Senior Agriculturist	Department of Agriculture, Regulatory – Region XI (Mindanao)
Philippine Carabao Center	NOTE: please include in the PCC list above, as appropriate		
79	Mr. Lawrence Belotidas		Philippine Carabao Center
Provincial City	and Municipal Veterinarians Leagues c	of the Philippines	
80	Dr. Jesus Edullantes	President, City Veterinarian (Mindanao)	Provincial City and Municipal Veterinarians Leagues of the Philippines
81	Dr. Melanie Pescadilla	Officer, City Veterinarian (Visayas)	Provincial City and Municipal Veterinarians Leagues of the Philippines
82	Dr. Marites Erispe	Officer, City Veterinarian (Mindanao)	Provincial City and Municipal Veterinarians Leagues of the Philippines
83	Dr. Pamela Hernandez	Member, City Veterinarian (Luzon)	Provincial City and Municipal Veterinarians Leagues of the Philippines

84	Dr. Flomella Caguicla	Officer, Provincial Veterinarian (Luzon)	Provincial City and Municipal Veterinarians Leagues of the Philippines
85	Dr. Loida Valenzuela	Member, Provincial Veterinarian (Luzon)	Provincial City and Municipal Veterinarians Leagues of the Philippines
Philippine Coll	ege of Veterinary Public Health		
86	Claro Mingala		Philippine College of Veterinary Public Health
Guests			
87	Dr. Carolyn Benigno	President	Philippine College of Veterinary Epidemiologists
88	Dr. Sarah I. Jayme		Philippine College of Veterinary Epidemiologists
89	Dr. Paulino Abad	Immediate Past President	Philippine Veterinary Medical Association
90	Dr. Jezie Acorda	Dean	UPLB College of Veterinary Medicine
Facilitators			
91	Dr. Daphne J. Rhea	Veterinarian III	Animal Health And Welfare Division, Bureau of Animal Industry
92	Dr. Janice S. Garcia	Veterinarian III	Animal Health And Welfare Division, Bureau of Animal Industry
93	Dr. Maria Glofezita O. Lagayan	Veterinarian III	National Veterinary Quarantine Services Division, Bureau of Animal Industry
Department o	f Environment and Natural Resources		
94	Dr. Rizza Araceli F. Salinas	Veterinarian II	Wildlife Resources Division, Biodiversity Management Bureau
95	Pola Geneva A. Bumanglag	Ecosystems Management Specialist II	Wildlife Resources Division, Biodiversity Management Bureau
96	John Berhel P. Doria	Ecosystems Management Specialist I	Wildlife Resources Division, Biodiversity Management Bureau
97	Candice Gail Y. Salud	Ecosystems Management Specialist I	Wildlife Resources Division, Biodiversity Management Bureau
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